

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90003 015 ****61.25

DOCUMENT # N96000003916

1. Entity Name
WASHINGTON COUNTY TEEN COURT, INC.



Principal Place of Business
680 2ND ST
ROOM #22
CHIPLEY, FL 32428

Mailing Address
PO BOX 30
CHIPLEY, FL 32428 US

00004306



06282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3406334

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, PEGGY H
707 SINCLAIR ST.
CHIPLEY, FL 32428

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINCH, BARBARA M P.O. BOX 590 CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TAYLOR, LUKE PO BOX 590 CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, PEGGY H 73 SINCLAIR ST. CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, TABITHA 3605 ROCHE AVE VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peggy H Hill / Peggy Hill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-28-5 850-415-6424